

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be entered fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. 198

1. PLACE OF DEATH

County Maricopa State Arizona Local Registrar's No.

District or Township or Village or

City Mesa No. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Sarah Rankin Ingram

(a) Residence, No. Mesa, Ariz. St. Ward.

(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. d. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR or RACE 5. SINGLE, MARRIED, WID-OWED or DIVORCED.

(Write the word)

Female White Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) Oct. 26, 1877

7. AGE Years Months Days IF LESS than 1 day hrs. or min.

92 2 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) Glasgow Scotland

10. NAME OF FATHER William Rankin

11. BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12. MAIDEN NAME OF MOTHER Agnes Allison

13. BIRTHPLACE OF MOTHER (city or town) (State or country) Scotland

14. Informant Mrs. M. P. Standage

(Address) Mesa, Ariz.

15. Filed 1-13-30 Dr. F. W. Brown Registrar. mab

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Jan 6 1930

Month Day Year

17. I HEREBY CERTIFY That I attended deceased from Jan 6 1930 to Jan 6 1930

that I last saw him alive on Jan 6 1930

and that death occurred, on the date stated above, at 8 P. M.

The CAUSE OF DEATH* was as follows:

Old age & Acute indigestion

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? By J. H. H. M. D.

(Signed) 1-12-30 (Address) Temple

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL

20. UNDERTAKER

Mesa Cemetery MELDRUM MORTUARY

DATE OF BURIAL 1-12-30

ADDRESS

Mesa, Ariz.

be properly classified. Exact statement of cause of death

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